

TRAVEL EXPENSE CLAIM

See Instructions and *Privacy

Statement below

STD.262 (REV. 6-93c)

Page of Pages

CLAIMANT'S NAME Lynn L. Jacobs			SOCIAL SECURITY NUMBER			DEPARTMENT HCD		
POSITION Director		Bargaining Unit # E99	DIVISION OR BUREAU Executive Office				INDEX 5103	PCA 50001
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS 1800 Third Street			TELEPHONE NUMBER 916 445-4775		
CITY Sacramento		STATE CA	ZIP CODE		CITY Sacramento		STATE CA	ZIP CODE 95811

(1) MONTH /YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2)				BREAK- FAST	LUNCH	O.T., L/T, NC, RELO. OR DINNER		(A) COST OF TRANS	(B) TYPE USED	(C) CARFARE TOLLS, PRKG	(D) PRIVATE CAR USE			
DATE	TIME										MILES	AMOUNT		
May-10														
5/5		Sacramento						PC	7.50	8	4.00		11.50	
5/6		Sacramento						PC	18.00	4	2.00		20.00	
	1800	Sacramento to Ventura						PC		385	192.50		192.50	
5/7		Ventura to Thousand Oaks						PC		50	25.00		25.00	
5/10		Ventura to Seal Beach						PC		91	45.50		45.50	
		Seal Beach to Los Angeles						PC		28	14.00		14.00	
		Los Angeles to Ventura						PC		66	33.00		33.00	
5/12		Ventura to Burbank						PC	10.00	55	27.50		37.50	
		Burbank to Santa Monica						PC	14.00	26	13.00		27.00	
		Santa Monica to Ventura						PC		63	31.50		31.50	
5/13		Ventura to Santa Monica						PC	14.00	128	64.00		78.00	
5/14		Ventura to Thousand Oaks						PC		27	13.50		13.50	
		Thousand Oaks to Los Angeles						PC		41	20.50		20.50	
		Los Angeles to Ventura						PC		62	31.00		31.00	
5/16	1700	Ventura to Sacramento						PC		386	193.00		193.00	
(10) SUBTOTALS			-	-	-	-	-	-	-	63.50	#####	710.00	-	773.50

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$ 773.50

(11) PURPOSE OF TRIP, REMARKS AND DETAILS

5/5- Director attended Sacramento meetings. 5/6 - Director had Speaking Engagement and meetings at the Sacramento Convention Center then drove from Sacramento to Ventura... trip start time was 1800 hrs. 5/7 - Director met with Assembly Member Audrea Strickland's Advisory Committee. 5/10- Met with Orange County Business Council and traveled to Los Angeles for a meeting with the City of Irvine at SCAG. 5/12- Director attended CalHFA meeting in Burbank and then traveled to Santa Monica for CHC Board of Director's meeting. 5/13- Director attended the CHC Policy Forum & Hall of Fame Awards in Santa Monica. 5/14 - Director spoke at the CLU Center for Economic Research and traveled to Los Angeles for the Grand Opening of Mariposa Place Apartments. 5/16- Traveled from Ventura to Sacramento HQ. End of Trip 1700 hrs.

(12) NORMAL WORK HOURS

8:00 AM -5:00 PM

(13) PRIVATE VEHICLE LICENSE No.

(14) MILEAGE RATE CLAIMED

\$0.50

**AGENCY ACCOUNTING OFFICE
USE ONLY**

PAID BY REV. FUND CHECK No.

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

Lynn L. Jacobs

DATE

06/01/10

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

Elliott Mandell

DATE

06/01/10

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE

TRAVEL EXPENSE CLAIM

See Instructions and *Privacy

Statement below

Page of Pages

STD.262 (REV. 6-93c)

CLAIMANT'S NAME Lynn L. Jacobs				SOCIAL SECURITY NUMBER				DEPARTMENT HCD			
POSITION Director			Bargaining Unit # E99	DIVISION OR BUREAU Executive Office					INDEX 5103	PCA 50001	
RESIDENCE ADDRESS				HEADQUARTERS ADDRESS 1800 Third Street				TELEPHONE NUMBER 916 445-4775			
CITY Sacramento		STATE CA		ZIP CODE		CITY Sacramento		STATE CA		ZIP CODE 95811	

(1) MONTH /YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2)				BREAK- FAST	LUNCH	O.T., L/T, NC, RELO. OR DINNER		(A) COST OF TRANS	(B) TYPE USED	(C) CARFARE TOLLS, PRKG	(D) PRIVATE CAR USE			
DATE	TIME										MILES	AMOUNT		
May-10														
5/18		Sacramento						PC	13.50	4	2.00		15.50	
5/19		Sacramento						PC	4.50	4	2.00		6.50	
5/20		Sacramento						PC	3.00	4	2.00		5.00	
	1230	Sacramento to Burbank									-		-	
5/21		Los Angeles					21.60	RC	4.00		-		25.60	
5/24		Pacoima									-		-	
5/25		Los Angeles					26.63	RC			-		26.63	
5/26		Los Angeles						RC	10.00				10.00	
5/27		Westlake Village					28.12	RC			-		28.12	
5/28		Ventura Meetings					35.00	T			-		35.00	
6/1		Burbank to Sacramento									-		-	
	1615	End of Trip									-		-	
											-		-	
											-		-	
											-		-	
(10) SUBTOTALS			-	-	-	-	-	111.35	-	35.00	12.00	6.00	-	152.35
COLUMN CODE (ACCTG USE ONLY)														

(11) PURPOSE OF TRIP, REMARKS AND DETAILS

5/18 - Director had meetings scheduled in Sacramento. 5/19 - Sacramento meetings. 5/20 - Sacramento meetings in the morning and then flight from Sacramento to Burbank - picked up rental car. 5/21- Speaking Engagement at the SCANPH Forum in Los Angeles - returned rental car. 5/24 - Picked up rental car...Speaking Engagement for Women's Council and Habitat for Humanity in Pacoima. 5/25 - Participated in the Public Infrastructure Financing Forum in Los Angeles. 5/26 - Meetings in Los Angeles with LAHD . 5/27 - Meetings in Westlake Village 5/28 - Ventura meetings regarding Economic Forecast....returned rental car. 6/1 - Flight from Burbank to Sacramento. Taxi to HQ... End of Trip 1615 hrs.

(12) NORMAL WORK HOURS

8:00 AM -5:00 PM

(13) PRIVATE VEHICLE LICENSE No.

(14) MILEAGE RATE CLAIMED

\$0.50

**AGENCY ACCOUNTING OFFICE
USE ONLY**

PAID BY REV. FUND CHECK No.

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE Lynn L. Jacobs	DATE 06/07/10	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT Elliott Mandell	DATE 06/07/10
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE